



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
Mail: 135 State House Station, Augusta, Maine 04333
Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

2009 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2009 through December 31, 2009

Please file this statement with the <u>Clerk of the House</u> or the <u>Secretary of the Senate</u> by **5:00 p.m. on February 19, 2010.** Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

LEGISLATOR INFORMATION

A.L.	TWO MANAGEMENT OF THE PARTY OF		- OKANIA CANA		
Name			Office:	_ /	
(arol Weston				☐ House	I D∕Senate
Mailing address				District	
154 Choate Koan			23	e Personala senant la especial Nobel I Nobel sens construit de como con la especia, c	
City, zip code				Phone	
Montuille			589-41	481	
	-				
		D FROM EMPLOYMENT		possile, victorialistas	ezpusu protopiklydojika Biografiya i Chimicalisti Kancalisti — Kalikiki iki
List the name and address of each employer from economic activity of each employer.	m whom yo	ou received compensation of	\$1,000 or i	more. Specify th	e principal type of
Name of Employer	general (Complete Complete Com	Address			e of Economic f Employer
	Vigania Anna y y y vy		ALI BELLEVA		
S+1 CHE	Λ			1	1 (
State of ME		ususta			14+6K
		The second secon	To A A To The state of A and	Sund	
			ind at exemplable		
Committee of the Commit	- 4 60 - 10 miles by expensive yearlespee - 10 - 1000				
			has governously perform		
		RIVED FROM SELF-EMPI rs who are self-employed.	no en anticipa de la companya de la		
A. List the name and address of your business, it				from which you d	erived income. If
associated with a partnership, firm, professional a entity.	association,	or similar business entity, li	st the major	r areas of econor	nic activity of that
And the state of t	elidigadegreligretarionerid uit oni riviruseniu, e, i	Major Areas of Economic	Activity		of Economic
Name and Address of Business Entity		(self)	Convity		tivity sociation or similar
					ss entity)
Name:					
Address:					
Alamar	anningham an			vice#000000000000000000000000000000000000	
Name:					
Address:	`		A CON-		

	PART 2 (continued). INCOME DERIVI (For Legislators who are		MENT	
greater, and specify the pr	ome derived from self-employment that represe rincipal type of economic activity of the entity law, rule, or an established code of professiona the income was derived.	or person from whom you d	derived such income. If this form of	
	Name and Address of Source			
Name:		NAMES (Amortina) Asset (FF.	Specifical and Annual A	
Address:				
Name:	Mattalak di salah di katan di dankan ana mengintang-ung mang menang menang menang menang menang menang menangkan di salah dankan	in the state of th		
Address:				
	PART 3. MAJOR AREA (For Legislators who are atto	ko dalah bagai Awar Bada Kabaka Galah Belah Kabaka Hibi Bah Galah Bah Salah Bah Bi		
List your major areas of pra	actice. If associated with a law firm, list the maj	jor areas of practice of your fir	\$\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
N	lame and Address of Firm	Major Areas of Pra (self)	ctice Major Areas of Practice (firm)	
Name:		The second secon		
Address:		Tippinomock	V. Color pro-Linkshapp	
Name:	richibek ET-18 Monthibb AR 4008 (Intelligio) gelt auf einem rückstab kanna debenach (überstätigene gegennt und einem ein			
Address:				
	PART 4. OTHER SOUR	CES OPINCOME		
List each source of income	of \$1,000 or more not listed in Parts 1, 2, or 3 of	dan da la la Cara de de despesado de la composição de la composição de la composição de la composição de la co	ifts. If none, check the box.	
None		y de grande en		
	Name and Address of Source		Kind of Income (investments, leases, etc.)	
Name:	างานแบบ และ แบบ เกราะ ค่องกับกับกับกับกับกับกับกับกับกับกับกับกับก		erlieriske dien beschied der Kolande voll der der verlagen von der Kolande der der verlagen der verlagen der v In der verlagen der	
Address:	A CONTRACTOR OF THE CONTRACTOR	- Academia	•	
Name:		Addition of the state of the st		
Address:		Alexa de Mandre		
	PART 5. REPORTABL	E LIABILITIES		
List the names of creditors areas of economic activity o	for any <u>unsecured</u> loans of \$3,000 or more to feach creditor. Do not list credit card liability of	that you received during the onloans from a relative. If nor	reporting period, and list the major ne, check the box.	
☐ None		The second secon		
	Name and Address of Creditor		Principal Type of Economic Activity of Creditor	
Name:	With resource of the first of the first of the first of the first of the second control		He managa maga kada 19 ke pembah dibih sarahuma 1 ke bar 1 manah sahura mara puma beranah sahuran banda pembahan samu puma sahu	
Address:		М. Диментрация (1911)		
Name:	104811111111111111111111111111111111111	Maraoversion		
Address		· very		

PART 6.	REPORTABLE GIFTS	
List the specific source of each gift of more than \$300. Inclunone, check the box.	ude gifts with an aggredate value of more than \$300 from a singl	e source. If
D None		304 (M. Mariama) mara maramanana a pembanasa ke di melaberha ke filipida ke filipida ke filipida ke filipida k
Name of Source of Gift	Name of Source of Gift	
1. ALEC/Logislative	3. Institute at 100 to the above and a second and a secon	- Not activately phage or the continue to both in their energy net.
2. Conference.	4.	e ^e l American
	EPORTABLE HONORARIA	
	speeches related to your legislative responsibilities. If none, chec	k the box.
☐ None Name of Source of Honoraria		2005-lightid tekner (00 Aleitanna (10 anna a bhagailt. Tagailt a bhagailt a la ann an ann ann ann ann ann ann ann
Name of Source of Honorana 1.	Name of Source of Honoraria	
	3.	nde visitate di de estado de sistema de la composição de sistema de la composição de sistema de la composição
2.	4.	
PART 8. REPRESENT	FATION BEFORE STATE AGENCIES	
	ented or assisted others for compensation of any amount. If none	e, check the
Bone None		
Name of Agency	Name of Agency	
1.	3.	
2.	4.	PMM stillakskaksimisk tredikt al Demiss Assiros ee
PART 9. BUSIN	IESS WITH STATE AGENCIES	
List each executive branch agency to which you or a member \$1,000 during the reporting period. If none, check the box.	er of your immediate family sold goods or services with a value i	n excess of
D None		чей астеть ействого одникая коленция уручнуру, к
Name of Agency	Name of Agency	
1.	3.	
2.	4.	erlanderlanderlad variation usuurila volonimusgoonage, genan
PART 40 INCOME RECEIVE		
	ED BY MEMBERS OF IMMEDIATE FAMILY	
dependent child(ren) during the reporting period and the kind or more of income, their name and job title are listed. Do not in	of income of \$1,000 or more received by your spouse or domestic of income represented. If your spouse or domestic partner receinclude gifts.	partner or ved \$1,000
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Relationship Kind of Incom	
	Income Received	
Name: Peter Weston Job Title: Principal	1. Education (spouse) 1. Employmen 2.	11-
Job Title: (Mincipa)	2. Domestic 2. Partner 3.	
	Dependent Child	
If dependent child(ren) receive more than \$1,000 of income for the reporting period, list only the type of economic	Dependent	nio de dictiones en administratories reconstruires acutagas proprietas de la construire de
activity and the kind of income.	Child Dependent	негодрадина обечнения жестипиры жүрирдер орокого о
	Child	

PART 11. O	FFICER OR DIRECTOR	POSITIONS		
List any for-profit or nonprofit corporation, firm, associated any office, trusteeship, directorship, or position of any na was compensated. If a family member listed, indicate yo	ture. Indicate whether you	or a family held the	position and whethe	diate family held r the position
☐ None		W. W		
Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compen- sated?
Broadreach	Bordmember	myself		no
	SIGNATURE			
A Legislator who willfully fails to file a required state		-F t- \$400 (4.5		
Signature Signature		02/17/6	O ate	
	DITIONAL INFORMATIO			apperenten (Berekana) (Ber Marek (Berekana) (Berekana)
Please provide any additional information below (at the information you are providing.	nd on additional sheets if	f needed). Indicat	e the part or secti	on number for
Part/Section Number			The state of the s	
The state of the second control of the secon			·	
		·		